

Name
in
Full

Infant

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lynneh's</i> Town		<i>Kent</i> County		<i>Maryland</i> MARYLAND	
Date of death 1903	Month <i>7</i>	Day <i>26</i>	Age <i>Still Born</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Near Lynneh's</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>John A. Twiss</i>			Father's Birthplace <i>W. Va.</i>		
Mother's Maiden Name <i>Zelda Coleman</i>			Mother's Birthplace <i>Ind.</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

*Still Born*PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. R. Merrick</i>
	Address <i>Still Pond Ind.</i>
Accident or Suicide?	

Still Pond

PHYSICIAN
OR CORONER

Robert Edward Bessicks

CERTIFICATE OF DEATH

Died at ^{GWN} Chester town

County

MARYLAND

Date _____

of death 190

1

Month

Day

Age

Years

Months

Days

Sex

Color or Race

Neuro

Birth-
place

Married, Single
or WidowedName of Wife or
Husband

Father's
Name

Mother's
Maiden Name

Name of person giving information _____

Father's Birthplace

Mother's Birthplace

How related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

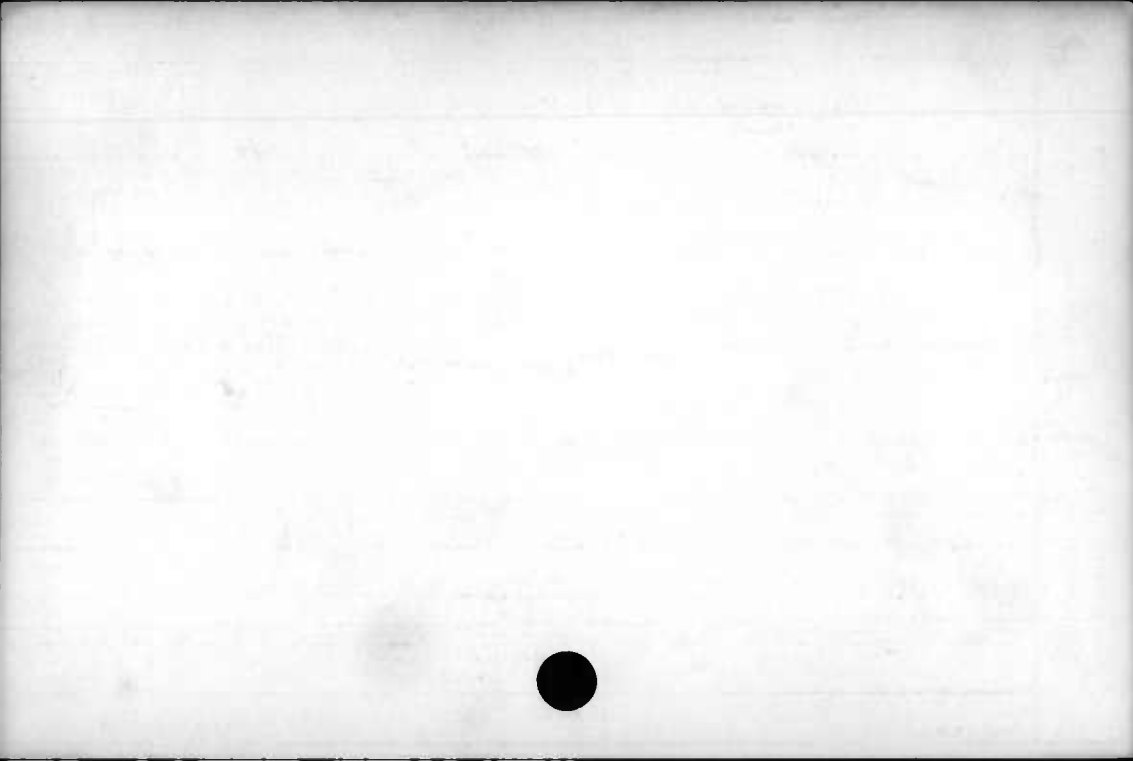
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name in Full *Baby*
 Town *near Galva* County *Kent* MARYLAND
 Died at
 Date 19 *03* Month *2* Day *2* Age *4* Y. M. D. Native of *Maryland* Occupation
 Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living
 Husband of *Thomas Blake*
 Wife
 Father's Name *Thomas Blake* Mother's Maiden Name *Florence Riley*
 Cause of Death { Primary _____ How long sick _____
 Immediate _____ Accident, Suicide, Homicide _____
 Reported by *Joseph E. Boyd*
 Address *Galva* *Kent-les md*
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Guy Milton Brown

Died at

Chester town Kent

MARYLAND

Date 1903

Month Feb Day 6

Age

Y. 17 M. 11 D. 21

Native of

Kent

Occupation

School boy

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband
of
WifeFather's
Name

Joseph Brown

Mother's
Maiden Name

Lizzie Berry

Cause of

Primary

Tuberculosis

How long sick

One Year

Death

Immediate

Asthma 27

~~Accident, Suicide, Homicide~~

Reported by

J E Ferguson

Undertaker

Address

Chester town

Kent Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898



Name in Full

Certificate of Death

Elta Chambers

Died at *Chestertown* Town County *Kent* MARYLAND

Date 1903 Month *Feb* Day *12* Y. *—* M. *6* D. *1* Native of *Kent* Occupation *—*

Male *Whites* Married *—* Widow *—* Divorced *—*

Female *Colored* Single *—* Widower *—* Number of children living *—*

Husband
of
Wife

Father's Name *Isaac Chambers* Mother's Name *Hellen Brown*

Cause of Death { Primary *Bronchitis* How long sick *2 weeks*

Death { Immediate *Oedema of lungs* 90 Accident, Suicide, Homicide *—*

Reported by *H. G. Simpson, M.D.*

Address *Chestertown Kent Co*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full Mrs. Susan Coleman.		CERTIFICATE OF DEATH	
Died at Town Chester		County 15 Cent.	
Date of death 1903 Feb'y		Month 4	
Day 4		Years 80	
Age 3		Months 14	
Sex Female		Color or Race ethio	
Married, Single or Widowed Widow		Occupation	
Name of Wife or Husband James A. Coleman		Birth-place Kent Co Md	
Father's Name		Father's Birthplace	
Mother's Maiden Name		Mother's Birthplace	
Name of person giving information Jackson Coleman.		How related to deceased Son	
CAUSES OF DEATH			
Primary Pneumonia		How long 43	
Immediate ~		How long 4 days	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Chas. St. Whaland	
Address Chester town Md			
Accident or Suicide? no			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Olivia Cornelius

Town

County

Died at

Perry Neck

Kent

MARYLAND

Date 19	03	Month	Day	Age	Y.	M.	D.	Native of	Occupation
		<i>Feb</i>	<i>13</i>	<i>58</i>				<i>Maryland</i>	<i>Housewife</i>
Male		White		Married		Widow		Divorced	
Female		Colored		Single		Widower		Number of children living <i>none</i>	

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Joseph Cornelius

Joseph Ashby

Anne Headaway

Chronic Diarrhoea

How long sick

1 yr

Accident, Suicide, Homicide

Reported by

L. B. Wilkerson

Address

Eden

Kent Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mary Creighton
 Died at *Pine Neck* Town *New Cd* County *MARYLAND*
 Date 19 *03* *Feb* Month *17* Day *1903* Age *17* Y. *17* M. *17* D. *17* Native of *Ind* Occupation
 Male *White* Female *Colored* *Married* Single *Widow* *Divorced* Number of children living *1*

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

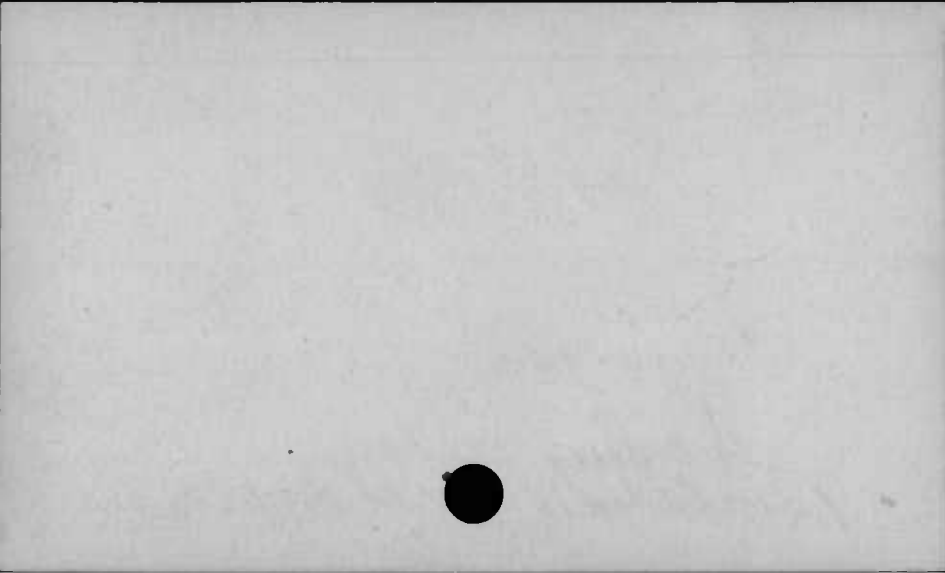
How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at

Date 1903

Male

Female

White

Colored

Married

~~Single~~

Widow

Widower

Divorced

Number of children living

MARYLAND

Occupation

Husband

Father's

Name

Mother's

Maiden Name

How long sick

Cause of

Primary

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Bertie V. Norrey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Still Pond Creek Md</i>		Town <i>Reut</i>		County		MARYLAND	
Date of death 1903	Month <i>2</i>	Day <i>16</i>	Age <i>15</i>	Years	Months <i>6</i>	Days	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Md.</i>				
Married, Single or Widowed <i>Single</i>			Occupation <i>_____</i>				
Name of Wife or Husband <i>none</i>							
Father's Name <i>Edward T. Dorsey</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Lizzie M. Wright</i>				Mother's Birthplace <i>md</i>			
Name of person giving information <i>Edward T. Dorsey</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>2 weeks</i>
Immediate <i>Typhoid "</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. R. Mennick</i>
	Address <i>Still Pond Md.</i>
Accident or Suicide?	

Union

Name
in
Full

Lillian G. Garay

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Locust brook

Town

Kent

County

MARYLAND

Date

of death 190

3

Month

Feb

Day

16

Years

Age

Months

2

Days

25

Sex

Female

Color or
RaceBirth-
place

Md.

Married, Single
or Widowed

Single

Occupation

Name of Wife or
HusbandFather's
Name

Harry R. Garay

Father's
BirthplaceMother's
Maiden Name

Agnes McGuire

Mother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Bronchitis

How long

10 days

Immediate

90

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

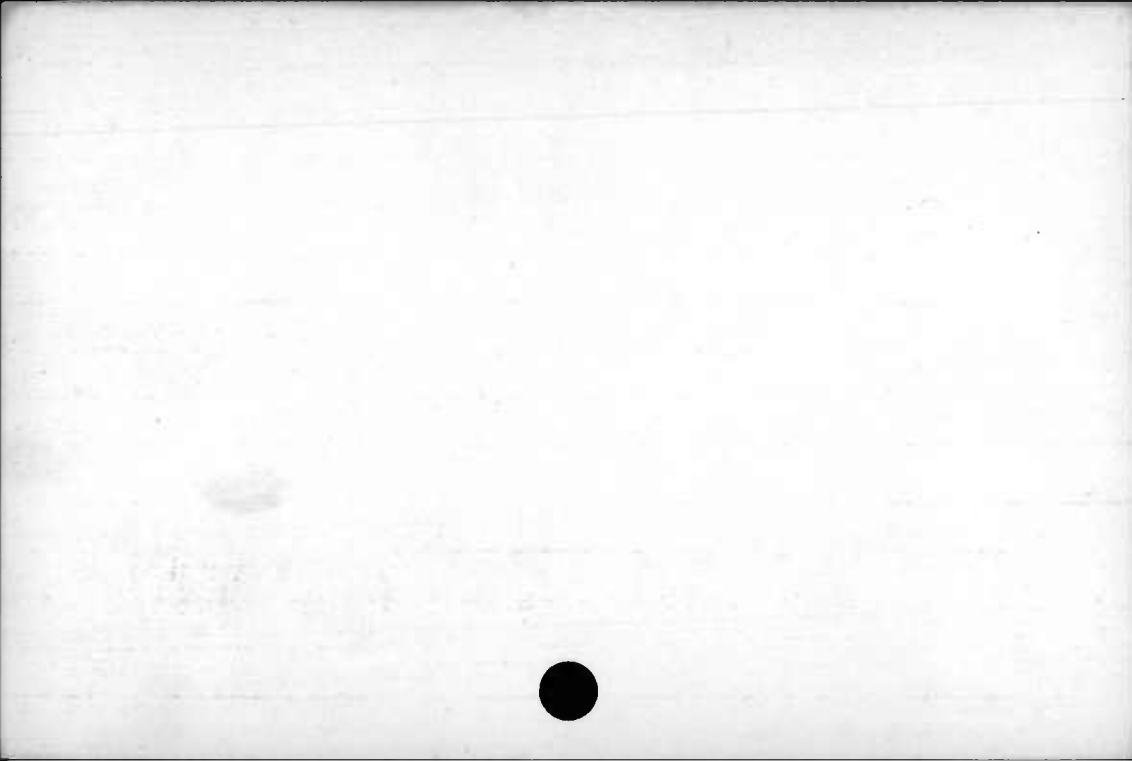
Address

Edward A. Pratt

Baltimore

Md.

Accident or Suicide?



Name
in
Full

Sidney E. Green


CERTIFICATE OF DEATH

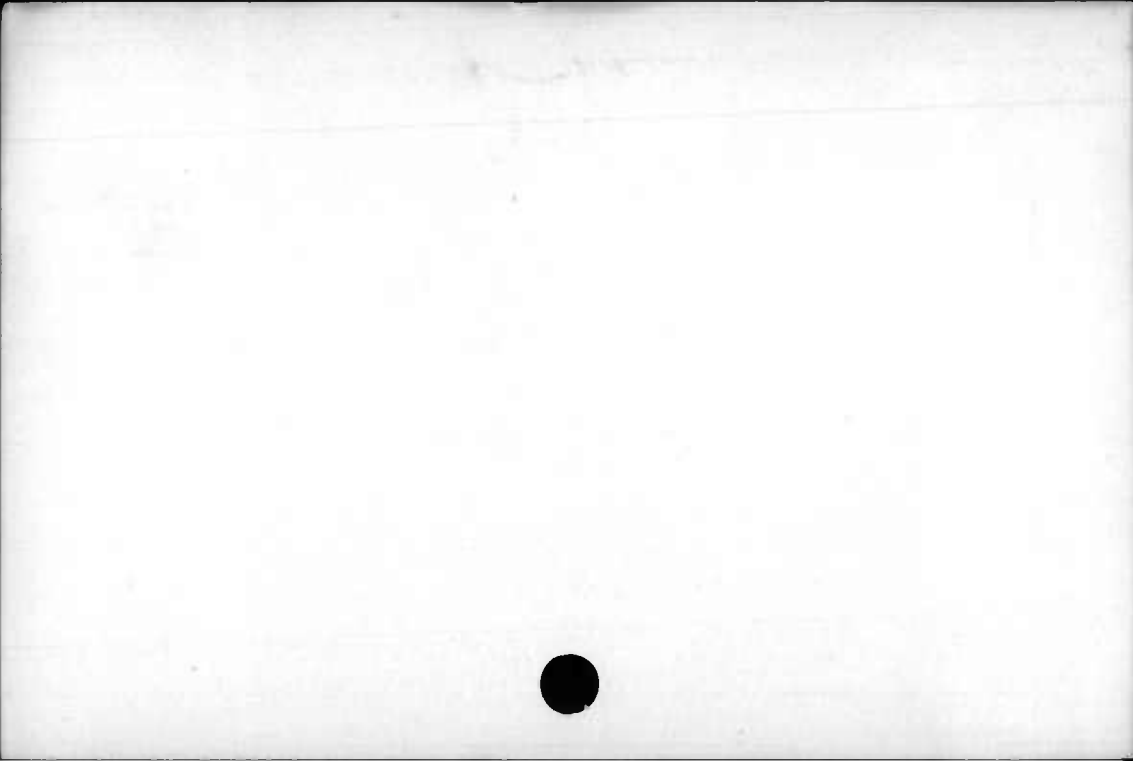
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Leester</i>		County <i>Kent.</i>		MARYLAND	
Date of death 1903	Month <i>Feb</i>	Day <i>8</i>	Age <i>93</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>Black.</i>		Birth- place				
Married, Single or Widowed <i>Widow.</i>			Occupation				
Name of Wife or Husband <i>Stow. Green.</i>							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Act. Rheumatism</i>	How long	<i>—</i>
Immediate		How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. V. Stalant M.D.</i>	
		Address <i>Bedford M.D.</i>	
Accident or Suicide?			



Name
in
Full

Earle Wilson Goodman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Quaker Neck</u> ^{Town}		<u>Kent</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	<u>July</u> ^{Month}	<u>6</u> ^{Day}	Age <u> </u> ^{Years}	<u> </u> ^{Months}	<u>9</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Quaker Neck</u>		
Married, Single or Widowed <u>Infant</u>			Occupation <u> </u>		
Name of Wife or Husband <u> </u>					
Father's Name <u>Wm. H. Goodman</u>			Father's Birthplace <u>Kent Co</u>		
Mother's Maiden Name <u>Annie Woodmender</u>			Mother's Birthplace <u>Kent Co</u>		
Name of person giving information <u>Wm. H. Goodman</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia</u>	How long <u>8 days</u>
Immediate <u>Pneumonia</u>	How long <u>8 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>H. Benge Simmons</u>
	Address <u>Chestertown Md.</u>
Accident or Suicide? <u>No</u>	



Name
in
Full

Charles A Graves

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Kennedyville</i>		Town <i>Kent</i>		County		MARYLAND	
Date of death 190	<i>3</i>	Month <i>Feb</i>	Day <i>12</i>	Age	<i>16</i>	Months <i>11</i>	Days <i>12</i>
Sex	<i>Male</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Kent Co Md</i>
Married, Single or Widowed	<i>Single</i>			Occupation	<i>Laborer</i>		
Name of Wife or Husband <i>_____</i>							
Father's Name <i>Harry Graves</i>				Father's Birthplace <i>Kent Co. Md</i>			
Mother's Maiden Name <i>Aubrie Chambers</i>				Mother's Birthplace <i>Kent Co Md</i>			
Name of person giving information <i>Joe Jones</i>				How related to deceased <i>Uncle</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>3 weeks</i>
Immediate	<i>Meningitis</i>	How long	<i>+ days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>S. Irvin Barwick</i>	
<i>yes</i>		Address <i>Kennedyville Md</i>	
Accident or Suicide?			

Wt Zion Church yd

Name in Full

Certificate of Death

Richard Harmon

Town

County

Died at

near Galena

Kent State

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

03

2

15

Age

65

Maryland

Labor

Male

White

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

2

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Asthma

How long sick

2 hrs

Death

Immediate

Accident, Suicide, Homicide

Reported by

Thomas Harmon

Address

Galena Kent Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Child of Henry & Mary Sakhorn Hockett
 Town *Christiana* County *Kent*

Died at

MARYLAND

Date *1903* Month *2* Day *20* Y. M. D. *13* Native of *Ind* Occupation *none*

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband
of

Wife
Father's
Name

Mother's

Maiden Name

Cause of

Primary

Echinococcus

How long sick

Since days

Death

Immediate

leads & loss of food

Accident, Suicide, Homicide

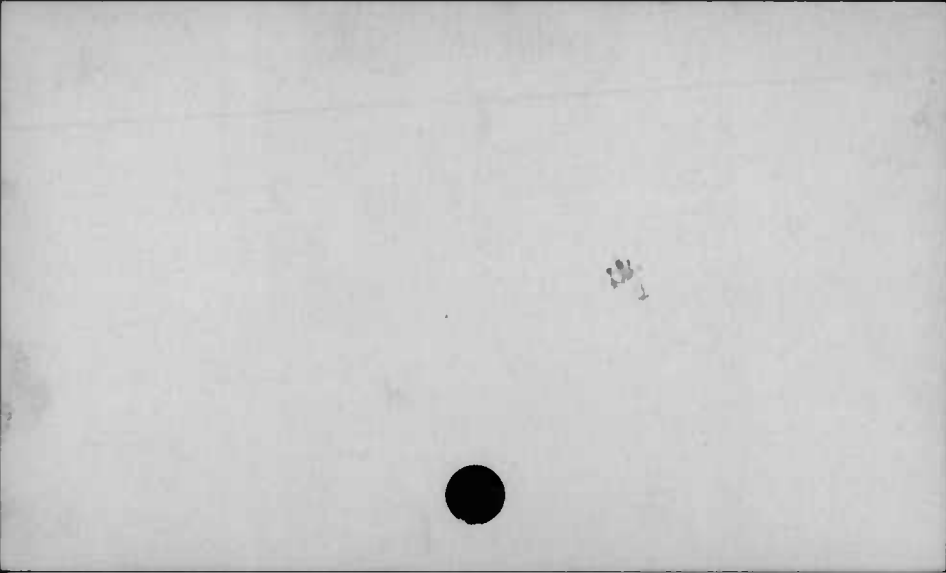
Reported by

Thomas Harris MD

Address

Christiana - by order of Court

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Wm Henry Hynson

Town

County

Died at

Chester town

Kent

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Feb 29

Age

1 6

Md

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband
of
Wife

Father's
Name

E. H. Hynson

Mother's

Maiden Name

Alphoso Shepherd

Cause of

Primary

Pneumonia

How long sick

93

Death

Immediate

Accident, Suicide, Homicide

Reported by

John H. Sheppard, his son

Grand father

Witness

Address

Melvin

Chester town

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Annie Course Jones				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Morgue		Town		Kent Co.
	Date of death 1902		Feb		Day		17
	Age		31		Years		
	Sex		Female		Color or Race		colored
	Married, Single or Widowed		Married		Occupation		Housewife
	Name of Wife or Husband		Harry Jones				
	Father's Name		Alex. Course		Father's Birthplace		Kent Co. Md.
	Mother's Maiden Name		Jane Course		Mother's Birthplace		Kent Co. Md.
Name of person giving information		Harry Jones		How related to deceased		Husband	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Pulmonary Phthisis		27		How long
	Immediate		Exhaustion				How long
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		G. Edwin Barnick
	Address		Kumbyville Md.				
Accident or Suicide?							

Morgan Neck

Name in Full		Caroline Jones				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County	
		Died at		Colesman		Kent	
		Date of death 1903		Month Feb		Day 19	
		Age		Years 54		Months 1	
		Sex		female		Color or Race Black	
		Married, Single or Widowed		married		Occupation Housewife	
		Name of Wife or Husband		Lewis Jones		Birth-place Md	
Father's Name		Wm. Farman		Father's Birthplace Md			
Mother's Maiden Name		Manda Tillison		Mother's Birthplace Md			
Name of person giving information		Louis Jones		How related to deceased		Husband	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary		Tuberculosis.		How long 27 one year.	
		Immediate		Pneumonia.		How long 7 days.	
		Are the name, age, sex, color, date and place correctly given above?		yes.		Signature of Physician Wm. S. Maxwell.	
		Address		Shel Pond.		Md.	
Accident or Suicide?		9					



Name
in
Full

James Alfred McQuinn

CERTIFICATE OF DEATH

MARYLAND

Died at *Kennedyville*

Town

Trut.

County

Date

of death 1903

Month

Feb.

Day

6

Age

Years

Months

1

Days

26

Sex

*Male*Color or
Race*White*Birth-
place*Mo.*Married, Single
or Widowed*Single*

Occupation

Name of Wife or
HusbandFather's
Name*William McQuinn*Father's
Birthplace*Mo.*Mother's
Maiden Name*Eurline Davis*Mother's
Birthplace*Mo.*Name of person giving
Information*Mr. Hauer*How related
to deceased*Grandmother*

CAUSES OF DEATH

Primary

Infantile Bronchitis

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

*J. H. Kortum, M.D.
Kennedyville, Md.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Seigneur de ville

Name In Full

Certificate of Death

Died at

MARYLAND

Date

1903

Month

Feb.

Day

25

Age

23

Y.

M.

D.

Native of

Maryland

Occupation

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Pachy meningitis

How long sick

2 yrs

Death

Immediate

at home

Accident, Suicide, Homicide

Reported by

Frank W. Smith, M.D.

Address

Lanham Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate

derived from _____

of _____

Sam'l Merritt

CERTIFICATE OF DEATH

MARYLAND

**TO BE ANSWERED BY
NEAREST FRIEND**

Died at Chester Town

County
Kent

Date of death 1903	2 Month, February	Day 13
------------------------------	----------------------	-----------

Age *6* Years

Months

Days

Sex	Male	Color or Race	
-----	------	---------------	--

Color or
Race

White

Birth-place *Kent Co*

~~Married, Single~~
or Widowed Widowed

Occupation Retired

Name of Wife or
Husband

Father's Name Arthur Merritt

Father's Birthplace *Kent Co*

Mother's Maiden Name *Julia Stewart*

Mother's Birthplace *Kent. Co.*

Name of person giving information Hiram M. Brown

How related to deceased *Nephew*

CAUSES OF DEATH

Primary *Paralysis*

How long 7
ten days

Immediate Paralysis

How long
only a few minutes

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician H. George Simmons

Address *Chetters town*

Accident or Suicide? *No*

2nd

PHYSICIAN
OR CORONER



Name
in
Full

Anne Elizabeth Pirce

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Blacks</i> Town		<i>Hart</i> County		MARYLAND	
Date of death 190 <i>1</i>	<i>Feb</i> Month	<i>3</i> Day	<i>9</i> Years	<i>9</i> Months	<i>13</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Me.</i>		
Married, Single or Widowed <i>Single</i>			Occupation		
Name of Wife or Husband					
Father's Name <i>J. A. R. Pirce</i>			Father's Birthplace <i>Cecil Co, Md.</i>		
Mother's Maiden Name <i>Anne Burton</i>			Mother's Birthplace <i>West Va, Md.</i>		
Name of person giving information <i>J. A. R. Pirce</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastritis</i>	How long <i>13 days</i>
Immediate <i>Pneumonia</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>J. H. Houten</i>
	Address <i>Kennedyville, Md.</i>
Accident or Suicide?	

Shrewsbury

Name In Full

Certificate of Death

Maria Louisa Rigby

Died at ^{Town} Chestertown ^{County} Kent MARYLAND

Date 1903 ^{Month} Feb ^{Day} 3 ^{Y.} Age 52 ^{M.} — ^{D.} — ^{Native of} Kent ^{Occupation} Landdress

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

~~Husband~~ of Carmichael Rigby
 Wife
 Father's Name _____ Mother's Name ^{Maiden Name} Hannelta Johnson

Cause of ^{Primary} Chronic Hepatitis, Enteritis How long sick 1 week

Death ^{Immediate} Asthenia ¹⁹⁰³ Accident, Suicide, Homicide

Reported by J. G. Simpers M.D.
 Address Chestertown Kent Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Anna W. L. Thompson

near Died ~~at~~ *near* Town *Sassex* County *Kent* MARYLAND

Date 19*03* Month *Feb* Day *2* Age *2* Y. *9* M. *11* D. *Kent* Native of *Kent* Occupation *les*

~~Male~~ *White* ~~Married~~ *Widow* ~~Divorced~~ *Widower*

Female *Colored* Single *Number of children living*

Husband of

Wife

Father's Name *Stephen Thompson* Mother's Maiden Name *Jennie Brown*

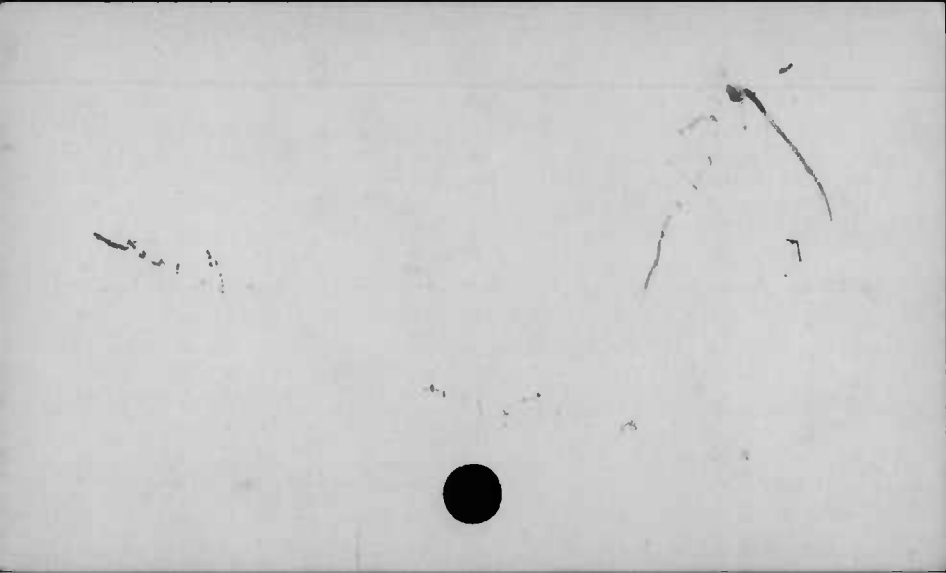
Cause of Death { Primary *Bronchitis* Immediate *90* How long sick *1 month* Accident, Suicide, Homicide

Reported by

Address

Edward A. Scott, M.D.
Galena Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Susan E. Millon

CERTIFICATE OF DEATH

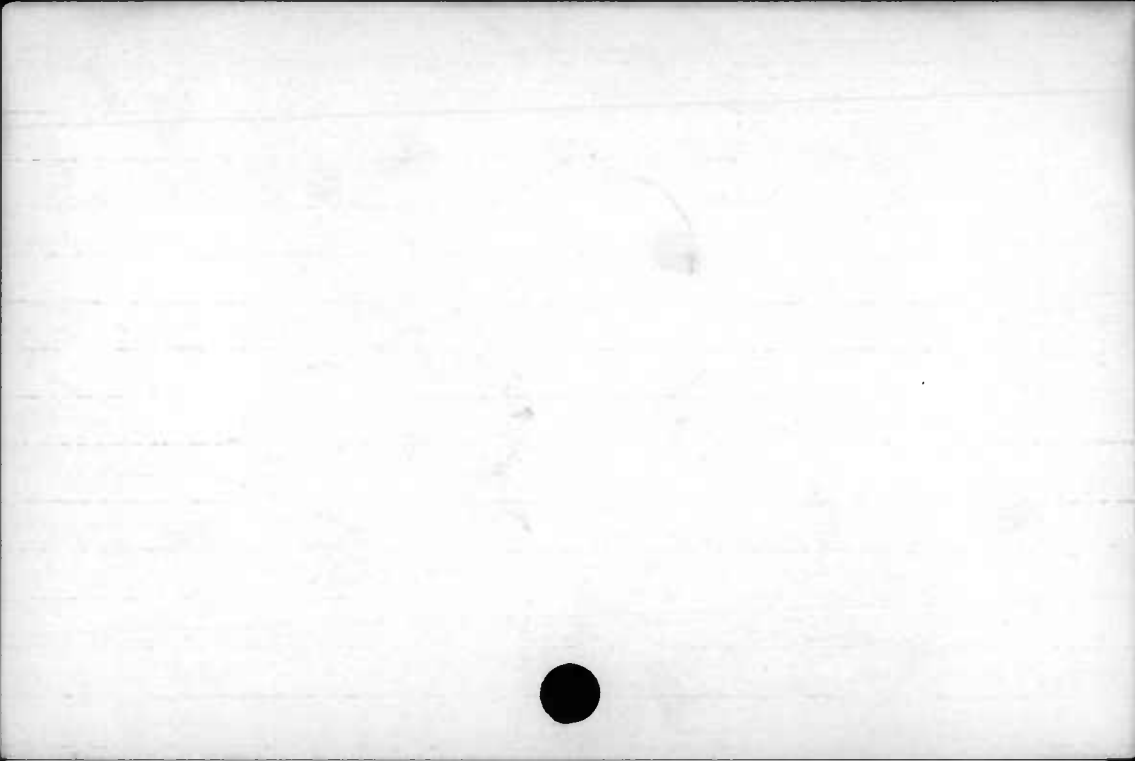
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hanesville</u>			County <u>Kent</u>			MARYLAND	
Date of death 190 <u>3</u>		Month <u>July</u>	Day <u>16</u>	Age <u>17</u>	Years	Months	Days <u>26</u>
Sex <u>Female</u>		Color or Race <u>White</u>			Birth-place <u>Kent Co. Md.</u>		
Married Single				Occupation <u>None</u>			
Name of Wife or Husband							
Father's Name <u>Joseph L. Millon</u>				Father's Birthplace <u>Kent Co. Md.</u>			
Mother's Maiden Name <u>Sarah E. Berry</u>				Mother's Birthplace <u>Kent Co. Md.</u>			
Name of person giving information <u>John H. Millon</u>				How related to deceased <u>Brother</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <u>Consumption</u>		<u>3 years</u>	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>John H. Hesse</u>	
		Address <u>Hanesville Md.</u>	
Accident or Suicide?			



Name in Full

Certificate of Death

Died at *Ward*
Guv Ward
 Town *Ward* County *Ward*
 Died at *Millington Kent* *Ch* MARYLAND
 Date 19 *03* Month *2* Day *19* Y. *86* M. *86* D. *86*
 Age *86*
 Male *White* *Married* *Widow* *Divorced*
~~Female~~ ~~Colored~~ Single Widower
 Native of *Ch* Occupation *Farmer*
 Number of children living *none*

Husband
of
Wife

Father's
Name

Mother's
Maiden Name

Cause of Death { Primary *old age* How long sick *2 months*
 Immediate " " *154*
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Joseph J. Webb

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Kennedyville</i>		Town <i>Kent</i>		County		MARYLAND	
Date of death 1903	Month <i>Feb</i>	Day <i>28</i>	Years <i>68</i>	Age	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>				
Married, Single or Widowed <i>Widowed</i>		Occupation <i>farmer</i>					
Name of Wife or Husband							
Father's Name <i>Joseph W. Webb</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Aseimthy Stavelly</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Joseph W. Harper</i>				How related to deceased <i>Nephew</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Organic heart trouble</i>	How long <i>79</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. L. Murrick</i>
	Address <i>Still Point Tenn</i>
Accident or Suicide?	



Name
in
Full

Amy. F. Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Still Pond</i>		County <i>Kent</i>		MARYLAND		
Date of death 1903	Month <i>Feb</i>	Day <i>8</i>	Age <i>—</i>	Years <i>—</i>	Months <i>5</i>	Days <i>2</i>
Sex <i>Female</i>	Color or Race <i>Blk</i>		Birth-place <i>md</i>			
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>						
Father's Name <i>Lewis Wilson</i>			Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Emma Johnston</i>			Mother's Birthplace <i>md</i>			
Name of person giving information <i>Alex Johnston</i>			How related to deceased <i>Grandfather</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>Since birth.</i>
Immediate		How long	<i>105</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Wm. S. Maxwell</i>	
<i>9</i>		Address <i>Still Pond.</i>	
		<i>md.</i>	
Accident or Suicide?			

Mount Zion

Name
in
Full

Jacob C Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Worton</i> Town			County <i>Kent</i>			MARYLAND		
Date of death 1903	Month <i>Feb</i>	Day <i>23</i>	Age	Years <i>85</i>	Months <i>2</i>	Days		
Sex <i>male</i>	Color or Race <i>Black</i>	Birth-place <i>md</i>						
Married, Single or Widowed <i>married</i>	Occupation <i>laborer</i>							
Name of Wife or Husband <i>Martha Pierce</i>								
Father's Name <i>Isaac Wilson</i>	Father's Birthplace <i>md</i>							
Mother's Maiden Name <i>Elizabeth Barrett</i>	Mother's Birthplace <i>md</i>							
Name of person giving information <i>Martha Wilson</i>	How related to deceased <i>his wife</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old age</i>	How long <i>154</i>
Immediate <i>Heart failure</i>	How long <i>several days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. S. Maxwell,</i>
	Address <i>Still Pond,</i>
	<i>md</i>
Accident or Suicide?	

Buttertown